



City of Santa Fe

P.O. Box 909, 200 Lincoln Ave., Santa Fe, New Mexico 87504-0909
(505) 955-6597 • Job opening information (505) 955-6742
FAX (505) 955-6810 • For hearing impaired call TDD (505) 955-6741
<http://sfweb.ci.santa-fe.nm.us>

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, sexual orientation, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a medical condition or disability (unless a bona fide occupational qualification for position).

Position Applied For _____ Announcement No. _____

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City, State, Zip)

Telephone (Home) () _____
(Work or other) () _____

Have you been convicted of a felony or misdemeanor? Yes No If yes, explain and provide dates. _____

Have you ever used a different name for school or employment? If so, what name(s)? _____

Do you now work or have you previously worked for the City of Santa Fe?
Yes ☐ No ☐ If yes, indicate dates: From _____ To _____

Does the City of Santa Fe employ any relative of yours or are you related to a City Official? Yes No

Name _____
Relationship _____

Are you eligible to work in the U S? Yes No
(If selected, proof of eligibility will be required)

Do you possess a valid Driver's License? Yes No
State _____ Class _____ License # _____

Referral Source:

- ☐ Website
- ☐ Advertisement
- ☐ Job Fair
- ☐ Friend or Relative
- ☐ Job Line
- ☐ Walk-in
- ☐ Other (Describe) _____

FOR USE BY HUMAN RESOURCES DEPARTMENT

Experience: _____

Education: _____

Comments: _____

Accepted ☐ Rejected ☐ Staff: _____ Date: _____

IMPORTANT INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Complete this application using black ink. Each position you apply for requires a separate application. Resumes are not accepted in lieu of applications.

Copies of your application are acceptable. Each must be clear, have an original signature, correct job title and required attachments. Applications and attachments become official property of the City of Santa Fe and cannot be returned, reused or copied after being submitted in lieu of application.

The completion of this application represents your ability to provide written communication and follow directions. Incomplete or illegible applications will NOT be processed.

Carefully read the position recruitment announcement for which you are applying. Note the knowledge and skills required for the position. Assure that you meet the minimum qualifications for the position. If high school/GED or college education is required, attach a copy of your diploma, degree or transcripts to EACH APPLICATION. You will not qualify for the position if you fail to attach the required proof of education.

Complete an experience block for each of your past jobs describing your job duties and responsibilities. Volunteer work is acceptable with a letter from the employer documenting the job duties, beginning and ending dates, and number of hours worked.

The Human Resources Department will review all applications to determine if the applicant meets the minimum qualifications. Qualifying applications are then reviewed by the selecting official(s) for selection of interviewees. If you are selected for an interview, you will be contacted by phone. After interviews are conducted, applicants will be contacted by letter and informed of selection status.

APPLICANT DATA RECORD:

To help us comply with Equal Employment Opportunity record keeping, reporting and other legal requirements, please fill out the Application Data Record. This is not required, but we appreciate your cooperation.

This data will be kept in a **CONFIDENTIAL FILE** separate from the Application for Employment. **IT WILL NOT BE SEEN BY THE SELECTING OFFICIAL.**

Name _____

Address _____

Phone () _____

Position Applied For _____

Date _____

☐ Male ☐ Female

Birth date _____

Race/Ethnic Group: Check One:

☐ White ☐ Black ☐ Hispanic

☐ American Indian/Alaskan Native

☐ Asian or Pacific Islander

☐ Other _____

Do you have a disability?

Yes ☐ No ☐

If Yes, describe briefly. _____

VETERAN STATUS

Please complete the following if you are a veteran. (Check all that apply)

☐ Viet Nam Era veteran

☐ Other veteran

☐ Disabled veteran

☐ Active military (Reserves, etc.)

EDUCATION:

Copies of High School/G.E.D., college degree or college transcripts must be attached to each application to receive credit for education, if it is required.

<input type="checkbox"/> Yes High School Diploma/GED Certificate? Name of school _____	
<input type="checkbox"/> No If no, Indicate Grade completed _____	
<input type="checkbox"/> Vocational/Technical Hrs. completed _____	
Name of School _____ Major Field: _____	
UNDERGRADUATE	GRADUATE
College or University _____	College or University _____
Major Field(s) _____	Major Field(s) _____
Hours Completed Semester: _____ Quarter: _____	Hours Completed Semester: _____ Quarter: _____
Degree(s) received: _____	Degree(s) received: _____
Date(s) received: _____	Date(s) received: _____

1. License/Certificate issued by _____			
Field/Trade/Specialization _____	Lic./Cert. No. _____	Issue Date _____	Exp. Date _____
2. License/Certificate issued by _____			
Field/Trade/Specialization _____	Lic./Cert. No. _____	Issue Date _____	Exp. Date _____

Special skills you possess that are relevant to the position being applied for, e.g., computer literacy (types of hardware/software), types of equipment operated, management training, etc. _____

POLICE AND/OR FIRE APPLICANTS ONLY

Are you age 21 or over? Yes No

Social Security # _____

Driver's License # _____ State _____

Are you willing to submit to a full background investigation? Yes No

Are you willing to submit to a drug and alcohol screening? Yes No

Are you willing to submit to psychological testing? Yes No

Are you willing to submit to polygraph testing? Yes No

Are you willing to undergo various physical agility tests and submit to a full physical examination? Yes No

If you are applying for a position requiring typing, complete and sign the following.

TYPING PROFICIENCY SELF - CERTIFICATION

I hereby certify that I can type at the following speed:

- ☐ Less than 30 words per minute.
☐ 31 - 40 words per minute.
☐ 41 - 50 words per minute.
☐ 51 - 60 words per minute.
☐ 61+ words per minute.

Signature _____

Date _____

PROFESSIONAL REFERENCES (Not Relatives): List only those you will permit us to contact.

Name	Address	Phone	Professional Relationship

EXPERIENCE: Please begin with your most recent experience in block 1.
May inquiry be made of your current and past supervisors or employers regarding your character, qualifications, and record of employment?
☐ Yes ☐ No If No, please indicate which employer(s) it applies to and why: _____

NOTE: Volunteer or unpaid but relevant experience will be evaluated in the same manner as paid experience. A letter from the employer documenting job duties, beginning and ending dates, and number of hours worked is required.

1	Employer's Name		Kind of Business			From(Mo./Yr.)	To(Mo./Yr.)
	Employer's Address		No. & Street/P.O. Box	City	State	Zip	Your Job Title
	Supervisor's Name		Phone Number ()	Check one <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours per week	START Mo. Pay \$	LAST Mo. Pay \$
	If you supervised employees, please indicate number & give dates No. FROM (Mo./Yr.) TO (Mo./Yr.)			PLACE of employment (City & State) if different from employer's address			
	DUTIES:						
REASONS FOR LEAVING OR WANTING TO LEAVE:							
<div>DO NOT WRITE IN THIS AREA YEARS MONTHS</div>							

2	Employer's Name		Kind of Business			From(Mo./Yr.)	To(Mo./Yr.)
	Employer's Address		No. & Street/P.O. Box	City	State	Zip	Your Job Title
	Supervisor's Name		Phone Number ()	Check one <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours per week	START Mo. Pay \$	LAST Mo. Pay \$
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	DUTIES:						
REASONS FOR LEAVING:							
<div>DO NOT WRITE IN THIS AREA YEARS MONTHS</div>							

EMPLOYMENT (Continued)

3	Employer's Name	Kind of Business			From(Mo./Yr.)	To(Mo./Yr.)				
Employer's Address		No. & Street/P.O. Box	City	State	Zip	Your Job Title				
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NOTE: For additional experience blocks, please use continuation sheet.

PLEASE READ BEFORE SIGNING

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I hereby authorize the City of Santa Fe to investigate the information contained herein and contact those previous employers I have approved. I release all references, previous employers and schools from damages resulting from furnishing such information. I understand that this application shall become a public record upon receipt and therefore shall be available for public inspection.

Signature of Applicant_____
Date

CONTINUATION SHEET

Name _____ Position Applied For _____

CONTINUATION of EMPLOYMENT RECORD - Please enter number in box before "Employer's Name" for proper sequence.

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